AMENDMENT TRANSMITTAL LETTER					Docket No. 4614-0160PUS1
Application No. 10/517,450-Conf. #5584		Filing Date September 1, 2005		Examiner	"""
Applicant(s): Mar		Gehrenne	F 1, 2000	I. D. Dang	g N/A
	OLIDINEDITHI			AGONIST AND/OR TREATMENT OR P	PROPHYLAXIS OF TYP
MS Amendment Commissioner for F P.O. Box 1450 Alexandria, VA 223	313-1450				
Transmitted herev					
The fee has been	calculated and				
	Claims	Highest	IS AS AMEN	DED	
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	12	- 20 =	0	x 50.00	0.00
Independent Claims	2	- 4 =	0	x 210.00	0.00
Multiple Depende	ent Claims (ch∉	eck if applicabl	le)		
Other fee (please	e specify):	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			0.00
TOTAL ADDITION	ONAL FEE FO	OR THIS AME	NDMENT:		0.00
x Large Entity				Small Entity	
No additional	I fee is required	d for this amer	ndment.	 -	
X Please charg A duplicate co	ge Deposit Acco			n the amount of \$ _	0.00 .
A check in the	e amount of \$		is enclos	sed.	
Payment by o	credit card. Fo	orm PTO-2038	is attached.		
X The Director	is hereby auth	orized to char	ge and credit	Deposit Account No	o. <u>02-2448</u>
	below. A dupl		this sheet is e	enclosed.	
	y overpayment				
x Charge ar	ny edditional filir	ng or application	n processing f	ees required under 3	37 CFR 1.16 and 1.17.
Step	me		*	Dated:	January 25, 2008
Leonard R. Sven Attorney Reg. No					
BIRCH, STEWAI 12770 High Bluf Suite 260 San Diego, Calife (858) 792-8855	RT, KOLASCH	1 & BIRCH, LL	.P		
San Diego, Calife	omia 92130				